

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000911

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 86

Primary Registration District No. 5329

Registrar's No. 3-1963

FILED JAN 28 1963

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Oak Hill Twp.</u>		c. CITY OR TOWN <u>Cuba</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Farm Home</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Route 1</u>	

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Alexander</u> Last <u>Simpson</u>			4. DATE OF DEATH Month <u>January</u> Day <u>6</u> Year <u>1963</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-4-1872</u>	9. AGE (last birthday) <u>90</u>	10. IF UNDER 1 YEAR Months <u>10</u> Days <u>4</u> Hours <u>10</u> Min. <u>4</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired merchant and farmer farming

10b. KIND OF BUSINESS OR INDUSTRY farmer farming

11. BIRTHPLACE (City and state or country) Oak Hill, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ebenezer Simpson

13b. MOTHER'S MAIDEN NAME Rachel Souders

14. NAME OF HUSBAND OR WIFE Nancy Luella Melton Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of no)

16. SOCIAL SECURITY NO. [redacted]

17. INFORMANT Address Cecile Simpson - Cuba, Mo. Rt. 1

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Arterial Sclerosis

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) General Arterial Sclerosis

DUE TO (c) [redacted]

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 1 a.m. 1 p.m. Month 1 Day 6 Year 1963

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION Oak Hill, Mo. COUNTY Crawford STATE Mo.

21. I attended the deceased from 1950 to 1963 and last saw him alive on 12-21-62

Death occurred at 1-6-63 2 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (degree or title)

22b. ADDRESS [Signature]

22c. DATE SIGNED 1-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 1-8-1963

23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State) Oak Hill, Mo.

24. FUNERAL DIRECTOR ADDRESS Gottenstroeter Funeral Home

25. DATE RECD. BY LOCAL REG. 1-8-1963

26. REGISTRAR'S SIGNATURE [Signature]

Owensville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jerry A. Thompson

Licensed Embalmer No. 5165

P. O. Address Quensville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.